



Direct Deposit Authorization Form

YOUR PERSONAL INFORMATION

Please print.

Your Name: _____

Your Social Security Number:

X	X	X	-	X	X	-				
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YOUR BANK

Name of Depository Bank:	
Transit/ABA #:	
Account #:	
Account Type:	<input type="checkbox"/> Checking* <input type="checkbox"/> Savings**
Authorized User(s): (as they appear on check)	

* Attach a voided check for checking account.

** Attach a voided deposit slip for savings account.

YOUR AUTHORIZATION

I (we) hereby authorize Empyrean Benefit Solutions, Inc. ("the Company") to initiate debit and/or credit ACH banking transactions to my account with the Depository Bank indicated above. I (we) also authorize the Company to initiate adjustment entries for any payments issued in error to debit and/or credit the same to such account(s). This authority is to remain in full force and effect until the Company receives written notification of termination in such time and in such manner as to afford both the Company and the Depository Bank a reasonable opportunity to act on it. I (we) understand this authorization is for reimbursements from or repayments to my employer-sponsored spending account plan.

Note: If you have a joint account, both parties must sign below.

Signed: _____ **Signed:** _____

Date: _____ **Date:** _____

Please return completed form via mail or fax to:

ITW Benefits Service Center - Reimbursements
 P.O. Box 3970
 Manchester, NH 03105

Toll Free Number: 1-866-416-4931
 Toll Free Fax: 1-866-490-0319



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Check Sample



Transit Routing/ABA Number

Always 9 digits between two of these symbols.

Bank Account Number

Location varies, up to 17 digits, may contain letters, ends with this symbol.

Check Number

Location varies, will be very similar to number in upper right corner of check.

Deposit Slip Sample